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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted With Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

PU030124

First Named Inventor

Tibor George Csicsatka et al

COMPLETE IF KNOWN

Application Number

/

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD FOR CREATING PLAYLISTS USING AUDIO CHIPS

the specification of which

(Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

April 23, 2004

as United States Application Number or PCT International

Application Number

PCT/US04/012459

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
US 60/465,156	April 24, 2003	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

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Name	JOSEPH S. TRIPOLI				
Address	THOMSON LICENSING INC.				
Address	PO Box 5312				
City	PRINCETON	State	NJ	ZIP	08543-5312
Country	USA	Telephone	609-734-6815	Fax	(609) 734 - 6888
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	TIBOR GEORGE		Family Name CSICSATKA or Surname		
Inventor's Signature	<i>Tibor George Csicsatka</i>			Date	5/25/2004
Residence: City	San Marcos	State	California	Country	US
Citizenship	US				
Mailing Address					
Mailing Address 404 Washington Drive 1912 BEAR VALLEY OAKS RD J.B.C.					
City	ESCONDIDO	State	California	ZIP	92025
San Marcos	J.B.C.	California	92078	J.B.C.	US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	MATT LIAM		Family Name MASSEY or Surname		
Inventor's Signature				Date	
Residence: City	San Diego	State	California	Country	US
Citizenship	US				
Mailing Address					
Mailing Address 16935 W. Bernardo 100					
City	San Diego	State	California	ZIP	92127-1623
Country	US				
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

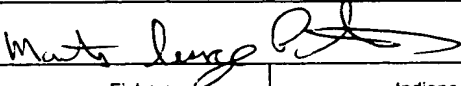
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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
MARTIN GEORGE		PETERS	
Inventor's Signature 		Date May 24, 2004	
Residence: City Fishers	State Indiana	Country US	Citizenship US
Mailing Address			
Mailing Address 14038 Woodlark Drive			
City Fishers	State Indiana	ZIP 46038	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
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City	State	Zip	Country

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Address	PO Box 5312				
City	PRINCETON	State	NJ	ZIP	08543-5312
Country	USA	Telephone	609-734-6815	Fax	(609) 734 - 6888
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	TIBOR GEORGE	Family Name CSICSATKA or Surname			
Inventor's Signature					Date
Residence: City	San Marcos	State	California	Country	US
Mailing Address					
Mailing Address 404 Washington Drive					
City	San Marcos	State	California	ZIP	92078
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name	MATT LIAM	Family Name MASSEY or Surname			
Inventor's Signature				Date 06-01-2004	
Residence: City	San Diego	State	California	Country	US
Mailing Address					
Mailing Address 16935 W. Bernardo 100					
City	San Diego	State	California	ZIP	92127-1623
				Country	US
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035
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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	
	Filing Date	
	First Named Inventor	Tibor George Csicsatka et al.
	Title	Creation Of Playlists Using Audio Identification
	Art Unit	
	Examiner Name	
	Attorney Docket Number	PU030124

I hereby appoint:

☒ Practitioners at Customer Number **Customer Number 24498**
OR
☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

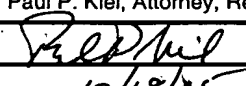
☐ The above-mentioned Customer Number:
OR
☐ The address associated with Customer Number:

<input checked="" type="checkbox"/> Firm or Individual Name	Joseph S. Tripoli, Patent Operations				
Address	THOMSON LICENSING INC.				
Address	P. O. BOX 5312				
City	PRINCETON	State	NJ	ZIP	08543-5312
Country	USA				
Telephone	609-734-6820	Fax	609-734-6888		

I am the:

☐ Applicant/Inventor.
☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Paul P. Kiel, Attorney, Reg. No. 40,677				
Signature					
Date	10/18/05			Telephone	609-734-6815

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
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**POWER OF ATTORNEY
THOMSON LICENSING**

We,

**THOMSON LICENSING
46, Quai A. Le Gallo
F-92100 Boulogne-Billancourt
France**

do hereby grant

**Joseph S. Tripoli
Senior Vice President
Thomson Licensing Inc.
Two Independence Way
Princeton, New Jersey 08540**

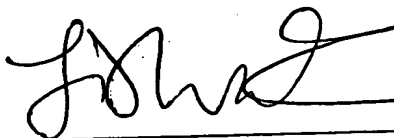
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DATED this 7 day of July, in the year 2005.

Signature:

Typed Name As Signed:

Title:



**Julian Waldron
President**

**POWER OF ATTORNEY
THOMSON LICENSING**

THOMSON LICENSING
46, Quai A. Le Gallo
F-92100 Boulogne-Billancourt
France

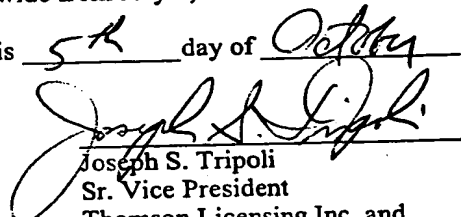
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DATED this 5th day of October, 2005.

SIGNED


Joseph S. Tripoli
Sr. Vice President
Thomson Licensing Inc. and
Attorney In Fact for
THOMSON LICENSING

WITNESS

David Fournatto